Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)		Type or print in i	nk.	Date Stamp	C	COVER PA ALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE		Statement covers period from 1/23/2000 through 2/19/2000	Date of election if applicable: (Month, Day, Year)	Martinger Service Pertobi	Pa	ge 1 A of 14' For Official Use Only
1. Type of Recipient Committee: Officeholder, Candidate Controlled Committee (Also Complete Part 4.) Ballot Measure Committee Primarily Formed Controlled Sponsored (Also Complete Part 5.)	Primari Officeh (Also Col Genera	ly Formed Candidate/ older Committee mplete Part 6.) Il Purpose Committee	2. Type of Stateme Pre-election Statem Semi-annual State Termination Statem Amendment (Expla	nent ment nent	☐ Spec ☐ Supp	terly Statement ial Odd-Year Report Ilemental Pre-election ment - Attach Form 49
3. Committee Information COMMITTEE NAME Nakanishi for City Counc	i1	LD.NUMBER 9801990	Treasurer(s) NAME OF TREASURER Jon Nakanishi MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX) 1 36 Junewood Court CITY STAT Lodi CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET	. 952	42 (209)478-9956	5052 E1 Don Av CITY Rocklin NAME OF ASSISTANT TREASUR MAILING ADDRESS	STATE C A	9 0 4 ZIP CODE 9 5 6 7 7	AREA CODE/PHON
CITY STAT (209)478-9958	E ZIP COO	E AREA CODE/PHONE	СПҮ	STATE	ZIP CODE	AREA CODE/PHON

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPORT OPPO	Officeholder	or Candidate Control	led Committee		5.	Ballot Measure Con	nmittee			
DEFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Lod 1 City Council Residential Business Address (NO. AND STREET) CITY STATE 2IP 1136 Junewood Ct. Lod 1 CA 95242 Related Committees Not included in this Statement: List any committees not included in this controlled by you owhich are primarily formed to receive contributions or to make expenditures on behalf of your candidate. DISTRICT NO. IF ANY PERCENCIPATION CITY STATE STATE 2IP COMMITTEE NAME LD. NUMBER CONTROLLED COMMITTEE? YES NO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLY SOUTH OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD SUPPLY SOUTH OR HELD OFFICE SOUGHT	NAME OF OFFICEHOLI	DER OR CANDIDATE				NAME OF BALLOT MEASURE				
LOGI CITY COUNCIL RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY STATE 2/P Related Committees Not included in this Statement: List any committees not included in this constributed statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy. COMMITTEE NAME LD. NUMBER CONTROLLED COMMITTEE? YES NO AREA CODE/PHONE AREA C	Alan S. N	akanishi				1				
Identify the controlling officeholder, candidate, or state measure proponent, if any. 1 36 Junewood Ct. Lodi CA 95242 3 3 3 3 3 3 3 3 3 3	OFFICE SOUGHT OR H	ELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)		BALLOT NO, OR LETTER	JURISDICTIC	N		SUPPORT
Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy. ID. NUMBER	Lodi City	Council								OPPOSE
Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily ormed to receive contributions or to make expenditures on behalf of your candidacy. I.D. NUMBER	RESIDENTIAL/BUSINES	SS ADDRESS (NO. AND STREET)	CITY STATE	ZIP		Identify the controlling officel	older, candid	ate, or state m	neasure propon	ent, if any.
OFFICE SOUGHT OR HELD OISTRICT NO. IF ANY OMMITTEE NAME I.D. NUMBER CONTROLLED COMMITTEE? YES NO OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) ITY STATE ZIP CODE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPLICATION AREA CODE/PHONE AREA	1136 June	wood Ct.	Lodi CA	95242		NAME OF OFFICEHOLDER, CANE	DIDATE, OR PRO	OPONENT		
IAME OF TREASURER CONTROLLED COMMITTEE? YES NO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPER Attach continuation sheets if necessary Verification have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached science is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on DATE Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR	not included in this c	onsolidated statement that are con	ntrolled by you or which are p	primarily		OFFICE SOUGHT OR HELD			DISTRICT NO. II	FANY
CONTROLLED COMMITTEE? YES NO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOPER OF OPPOPER O	OMMITTEE NAME		I.D. NUMBER		6.			E List names	of officeholder(s) or candidate
YES NO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOPED OPPOPED OP			0017701150001445	*CEA		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOL	GHT OR HELD	☐ SUPPO
STREET ADDRESS (NO P.O. BOX) NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPORT Attach continuation sheets if necessary Ferification have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached science and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 2/24/2000 Date Executed on 2/24/2000 Date By SIGNATURE OF FICEHOLDER OR CANDIDATE By SIGNATURE OF FICEHOLDER OR CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR	ME OF TREASURER			IEE						OPPOS
Attach continuation sheets if necessary Certification	OMMITTEE ADDRESS	STREET ADDRESS (NO P.				NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOL	IGHT OR HELD	SUPPO
Attach continuation sheets if necessary /erification have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached so true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 2/24/2000 By SIGNATURE OF TREASURER OR ASSISTANT TREASURER		·	•							OPPOSI
have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached so true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on	ITY	STATE Z	IP CODE AREA COD	E/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOL	IGHT OR HELD	SUPPOS
Executed on	have used all rea	sonable diligence in preparing te. I certify under penalty of p	and reviewing this stater	nent and to	the l	best of my knowledge the inf	ormation colle	ntained here ct.	in and in the a	ittached sche
Executed on	-	2/24/2000	Du 🗸	//02	_	Mul				
EXECUTED ON	EXECUTED OU	DATE	- by <u></u>	00	\mathcal{N}	SIGNATURE OF TREASURER	OR ASSISTANT T	REASURER		
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR Executed on	Cussulad a-	2/24/2000	g, () (Y	Han				
	EXECUTED OU			ATURE OF CONT	ROLLI	NG OFFICEHOLDER, CANDIDATE, STATE	MEASURE PROP	ONENT OR RESP	ONSIBLE OFFICER	OF SPONSOR
DATE . SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT	Executed on		Ву							
		DATE .		ŧ	SIGNA	TURE OF CONTROLLING OFFICEHOLDS	R, CANDIDATE, \$	TATE MEASURE P	ROPONENT	
		DATE			SIGNA	TURE OF CONTROLLING OFFICEHOLDE	R, CANDIDATE, S'	TATE MEASURE P	HOPONENT	

Campaign Disclosure Statement Summary Page

Type _, print in ink. Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA** 1/23/2000 **FORM** through 2/19/200

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER 9801990

JMMARY PAC

Alan S. Nakanishi			9801990
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	COLUMN C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions	. 0	\$,460	\$ 8,460
2. Loans Received	0	3,350	3,350
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	<u> </u>	s 11,810	\$ 11,810
4. Nonmonetary Contributions	.0	1,350	1,350
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$0	\$ 13,160	\$ 13,160
Expenditures Made	0		10.020.22
6. Payments Made Schedule E, Line 4	\$	\$\ \begin{aligned} \\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>\$10,939.23</u>
7. Loans Made Schedule H, Line 7	0		10 030 23
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$0	\$ 10,939.23	\$ 10,939.23
9. Accrued Expenses (Unpaid Bills)	0	. 0	0 0
10. Nonmonetary Adjustment		0	· · · · · · · · · · · · · · · · · · ·
11. TOTAL EXPENDITURES MADE	\$0	\$ 10,939.23	\$ 10,939.23
Current Cash Statement	970 77		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 870.77		nary Page, Column C. However, if this ndar year, Column B should be blank
13. Cash Receipts Column A, Line 3 above			2), Loans Made (Line 7), and Accrued
14. Miscellaneous Increases to Cash	0	Expenses (Line 9),	Manager 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
15. Cash Payments Column A, Line 8 above	0		
16. ENDING CASH BALANCE	\$ 870.77	November Elections	ates in Both June and
17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ 0	20. Contributions Received	through 6/30 7/1 to Date 0
Cash Equivalents and Outstanding Debts	0	21. Expenditures	0
18. Cash Equivalents	\$0	Made \$	
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 3,350.00	_	EDDC E 460 /8/0

Schedule Monetary	A Contributions Received	Amour	e or print in Ink. nts may be rounded whole dollars.	Statement cov	2000	CALIFORNIA 46		
SEE INSTRUCTION	NS ON REVERSE			through 2/19	72000	Pag	e <u>3</u> of <u>14</u>	
NAME OF FILER Alan S.	Nakanishi					I.D. N	UMBER 801990	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDARY (JAN. 1 - DEC	/EAR	CUMULATIVE TO DA OTHER (IF APPLICABLE)	
		□ IND □ COM □ OTH						
		□ IND □ COM □ OTH						
		□ IND □ COM □ OTH						
		□ IND □ COM □ OTH						
		□ IND □ COM □ OTH						
			SUBTOTAL	\$ 0	********	441		
Schedule A	A Summary served this period – contributions of \$100 or more.			0				

(Include all Schedule A subtotals.)

2. Amount received this period – uniternized contributions of less than \$100\$

3. Total monetary contributions received this period.

COM – Reciplent Committee OTH – Other

*Contributor Codes IND - Individual

Schedul ∟oans R	е ь – Part 1 eceived	Typ、 print in ink. Amounts may be round to whole dollars.			overs period / 2000	CALIFORM FORM	EB-PART 1	
SEE INSTRUCT	ONS ON REVERSE		,		through 2/	19/2000	Page 4	of <u>1,4</u>
Alan S	. Nakanishi						980199	0
DATE	FULL NAME, MAILING ADDRESS AND ZIP CODE	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER		LENDER INFORMAT	ION		INFORMATION
RECEIVED	OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE •	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DUE DATE/ INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	(b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
		DIND		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
		COM		INTERFECT DATE	_	\$		s
		ОТН		INTEREST RATE		OTHER		OTHER
	☐ Lender ☐ Guarantor	_		*		\$		\$
				DUE DATE		CALENDAR YEAR		CALENDAR YEAR
		☐ IND				s		s
		ОТН		INTEREST RATE		OTHER		OTHER
	Lender Guarantor					\$		\$
				DUE DATE		CALENDAR YEAR		CALENDAR YEAR
		OND				s		\$
		□ COM □ OTH		INTEREST RATE		OTHER		OTHER
	☐ Lender ☐ Guarantor	_		×		\$		\$
				SUBTOTAL	\$		\$	Enter (b) on Summary Page, Line 17 only.
Schedule	B - Part 1 Summary				_			
. Loans of	\$100 or more received this period. (Inclu	ide all Loans F	Received – Part 1 (a) subtota	als.)	\$			
	received this period – unitemized loans of							
. Total loa	ns received this period. (Add Lines 1 and	2.)		TOTA	L \$0			
	B - Part 2 Summary	•						
	\$100 or more repaid, forgiven, or paid by a. If forgiven or paid by a third party, also				e 0			
i. Loans ui	nder \$100 repaid, forgiven, or paid by a th	ird party. (Do	not itemize.) If forgiven or		0		*Contributor C	ı
paid by a	a third party, include this amount on Sched	lule A Summa	ry, Line 2		\$		IND – Individu COM – Recipi	ai ent Committee
. Total loa	ns repaid, forgiven, or paid by a third party	this period. (Add Lines 4 + 5.)	TOTA	L \$		OTH - Other	
	ge this period. (Subtract Line 6 from Line net here and on the Summary Page, Co			NE	T \$ 0	and a second		
					May De a ne	pative number. For Tech		Form 460 (8/99) e: 916/322-5660

Schedu B – Part 1 (Continuation Sheet) **Loans Received** NAME OF FILER

or print in ink. Amounts may be rounded to whole dollars.

SCHEDUL PART 1 (COI Statement covers period CALIFORNIA 1/23/2000 **FORM** 2/17/2000 through_ Page _____ of ___ I.D. NUMBER

Alan S. Nakanishi

9801990

D.4.7.F	FULL NAME, MAILING ADDRESS AND ZIP CODE		IF AN INDIVIDUAL, ENTER	LEI	NDER INFORMATI	ON	GUARANTOR	INFORMATION
DATE RECEIVED	OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DUE DATE/ INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	(b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
				DUE DATE		CALENDAR YEAR		CALENDAR YEA
				,				
		СОМ		INTERESTRATE		OTHER		OTHER
		□отн						OTHER
	Lender Guarantor			*		\$		\$
				DUE DATE		CALENDAR YEAR		CALENDAR YEA
		□ IND				\$		
		□ COM		INTEREST RATE		OTHER		OTHER
	Lender Guarantor			*				
				DUE DATE		CALENDAR YEAR		CALENDAR YEA
		DIND						CALLINDAITTEA
		СОМ		INTEREST RATE		s		\$
		□отн				OTHER		OTHER
	Lender Guarantor			*		\$		s
				DUE DATE		CALENDAR YEAR		CALENDAR YEAR
		DIND						
		COM		INTEREST RATE		OTHER		OTHER
	Lender Guarantor	□отн		%				
	Cerider Guaranioi			DUE DATE		CALENDAR YEAR		3
		DIND		DOEDNIE		CALENDAR TEAR		CALENDAR YEAS
		СОМ		INTEREST RATE		s		\$
		ПОТН		MIENESTRAIE		OTHER		OTHER
	☐ Lender ☐ Guarantor			×	_	s		s
				SUBTOTAL \$	0		\$ 0	Enter (b) on Summary Page Line 17 only.

*Contributor Codes IND - Individual COM - Recipient Committee OTH - Other

Schedule B – Part 2 Repayments Made on Loans Received, Loans Forgiven, and Loans Repaid by a Third Party

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period from 1/23/2000 CALIFORNIA FORM 46

through 2/19/2000 Page 6 of 14

9801990

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

forgiven or paid.

Alan S. Nakanishi

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	(c) AMOUNT REPAID OR FORGIVEN ON PRINCIPAL* (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	(d) INTEREST PAID
•						
Attach addi	itional Informati	on on appropriately labeled continuation sheets.	SUBTOTAL \$	0	TOTAL INTEREST PAID THIS PERIOD \$	0
* IMPORTAN including the	e name and ad	of a loan is forgiven or repaid by a third party, also Item dress of the person forgiving the loan or the third party	ize the transac making the pa	ction on Schedule A, yment, and the amount	Enter the amount in column Summary, Line 3. Do not Schedule B Summary.	n (d) in the Schedu carry this total to

DATE ZIP CODE OF CONTRIBUTOR COOPS OF CONTRIBUTOR CALENDAR YEAR DATE COOPS OF CONTRIBUTOR	Schedule Nonmone	C etary Contributions Received		Amounts n	print in ink. nay be rounded de dollars.	S from	tatement covers			ORNIA ORM	46
Alan S. Nakanishi DATE FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE	SEEINSTRUCTIO	NS ON REVERSE				thro	ugh 2/19/2	2000	Page _	70	14
DATE RECEIVED Comparison of Code Contribution of Code Code											
COM		ZIP CODE OF CONTRIBUTOR		OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER			FAIR MARKET	CALEND	TE AR YEAR	DA	JLATIVE 1 E OTHER PPLICABLI
COM OTH			СОМ								
□ COM □ OTH			СОМ								
СОМ			СОМ								
			СОМ								
Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 0	Attach addit	ional information on appropriately label	ed continuat	ion sheets.	SUBT	OTAL \$	0		4. K. K.		
Schedule C Summary 1. Amount received this period – nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)	Amount rec (Include all Amount rec	ceived this period – nonmonetary contribution Schedule C subtotals.)	tary contribut						IND -	Individua Recipie	

Supportin Candidate SEE INSTRUCTION NAME OF FILER	of Expenditures g/Opposing Other es, Measures and Committees	Type or print in ink Amounts may be roun to whole dollars.		from1 / 2	t covers period 23/2000 /19/2000	Pa	SCHEDULE LIFORNIA 460 FORM 14 NUMBER 9801990
DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION. OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF CONTRIE (IF REQL	BUTION	AMOUNT THIS PE	RIOD	CUMULATIVE AMOUNT
	☐ Support ☐ Oppose	Monetary Contribution Non-Monetary Contribution Independent Expenditure					Calendar Year \$Other
	☐ Support ☐ Oppose	Monetary Contribution Non-Monetary Contribution Independent Expenditure				•	Calendar Year \$ Other
	☐ Support . ☐ Oppose	Monetary Contribution Non-Monetary Contribution Independent Expenditure					Calendar Year \$ Other
				SUBTOTAL	\$ 0		
	O Summary ns and independent expenditures made this period of	\$100 or more. (Include	all Schedule D	subtotals.)		••••••	\$0
	contributions and independent expenditures made the						
Total contril	butions and independent expenditures made this perio	od. (Add Lines 1 and 2.	Do not enter or	i the Summary	/ Page.) T	OTAL	. \$

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Alan S. Nakanishi	Amou	pe or print in ink. nts may be rounded p whole dollars.	Statement covers period from 1/23/2000 through 2/19/2000	CALIFORNIA 460 FORM Page 9 of 4' 1.D. NUMBER 9801990
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FND fundraising events IND independent expenditure supporting/opposing others (explain)* LIT campaign literature and mailings MTG meetings and appearances	OFC office expense petition circumphone bank POL polling and some professiona PRT print ads	ses Jaling s	RFD returned contributions SAL campalgn workers salarle TEL t.v. or cable airtime and p TRC candidate travel, lodging TRS staff/spouse travel, lodging	es rroduction costs and meals (explain) ng and meals (explain) ttees of the same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
				
			· · · · · · · · · · · · · · · · · ·	

					SCHEDU
Schedule F Accrued Expenses (Unpaid Bills)	Type or procin Amounts may be r to whole dolls	ounded	Statement cov		IFORNIA 46
SEE INSTRUCTIONS ON REVERSE	,		through 2/19	/2000 Pag	ge 10 of
NAMEOFFILER Alan S. Nakanishi					UMBER 9801990
CODES: If one of the following codes accurately descri	bes the payment, you may	enter the code. O	therwise, describe t	he payment.	
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FND fundraising events IND Independent expenditure supporting/opposing others (explain)* LIT campaign literature and mailings MTG meetings and appearances * Payments that are contributions or Independent expenditures must a	OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and n PRO professional services (PRT print ads RAD radio airtime and produ iso be summarized on Schedule	nessenger services legal, accounting) action costs	SAL campaign TEL t.v. or cab TRC candidate TRS staff/spou TSF transfer b VOT voter regit	contributions workers salaries le airtime and production travel, lodging and meal se travel, lodging and me etween committees of the stration on technology costs (inter	s (explain) eals (explain) e same candidate/spons
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSI OF THIS PERIOD
	SUBTOTALS	\$ 0	0	\$ 0	\$ 0
Schedule F Summary					
Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized)			INCU	RRED TOTALS \$	0
2. Total accrued expenses paid this period. (Include all Sci	nedule F, Column (c) subto	tals for payments on	1		0

Schedul i Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) SEE INSTRUCTIONS ON REVERSE NAME OF FILER Alan S. Nakanishi		Amoun	e or print in ink. ts may be rounded whole dollars.	Statement covers period from1 / 2 3 / 2 0 0 0 through2 / 1 9 / 2 0 0 0	CALIFORNIA FORM Page 11 of 1.D. NUMBER 9801990	6 (
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FND fundraising events IND independent expenditure supporting/opposing others (explain)* LIT campaign illerature and mailings MTG meetings and appearances Payments that are contributions or independent expenditures must also	OFC office expe PET petition circ PHO phone ban POL polling and POS postage, d PRO profession PRT print ads RAD radio airtim	nses culating ks survey reser elivery and m al services (k	arch nessenger services egal, accounting) ction costs	RFD returned contributions SAL campaign workers salar TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodg	nt. les production costs j and meals (explain) ing and meals (explain) ittees of the same candidate/spa	ponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PA	AID
Attach additional information on appropriately labeled continua	tion sheets.				TOTAL* \$ 0	

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedu H -	Dart 1	To an airlink for full	S. DULE H - PAF			
Loans Made to Others*		Type or print in ink. Amounts may be rounded	Statement covers period		CALIFORNIA 46	
		to whole dollars.		1/23/2000		
			through	2/19/2000	Page of	
NAME OF FILER					I.D. NUMBER	
Alan S. Naka	anishi				9801990	
DATE OF LOAN	NAME AND ADDRESS OF RECI (IF COMMITTEE, ALSO ENTER LD. NU		ST RATE	DUE DATE	AMOUNT	
Loans that are contri	butions to another candidate or committee must also be s	ummarized on Schedule D.	SUBTOTAL \$ 0			
	Part 1 Summary			_		
	or more made this period. (Include all Loans Mad					
2. Unitemized loan	s under \$100 made this period			\$		
3. Total loans mad	e this period. (Add Lines 1 and 2.)		тот	AL \$		
	Part 2 Summary ived on loans of \$100 or more. (Include all loa	an navments received and all	•			
lange of \$100 c	or more forgiven by this committee - Part 2 (a)	\ euhtotale		0		
If forgiven, also	p itemize on Schedule E.)	·	•••••	\$,	
5. Unitemized payments received on loans under \$100. (Including a forgiveness.)				• 0		
(Including a forgiveness.)			**************	Ψ		
(Add Lines 4 ar	nd 5.)		тот	AL\$		
	s period. (Subtract Line 6 from Line 3. ere and on the Summary Page, Column A, Lir					
				a magazire nomi	·	

Schedule H – Part 2 Repayments on Loans Made to Others and Loans Forgiven

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE HStatement covers period
from 1/23/2000 FORM

through 2/19/2000 Page 13 of 01/1/2

I.D. NUMBER

9801990

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Alan S. Nakanishi

DATE OF DATE OF INTEREST AMOUNT REPAID OR INTERE OUTSTANDING REPAYMENT OR FORGIVEN ON PRINCIPAL*
(EXCLUDE RECEIPT OF INTEREST) ORIGINAL **FULL NAME OF RECIPIENT OF LOAN** RATE RECEIV FORGIVENESS PRINCIPAL LOAN (IF CHANGED) TOTAL INTEREST Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 0 RECEIVED THIS PERIOD

• IMPORTANT: If any part of a loan is forgiven, also itemize the forgiveness on Schedule E. If a repayment is received from a third party, enter the name and address of third party in the "FULL NAME OF RECIPIENT OF LOAN" column above, along with the name of the recipient of the loan.

Enter the amount in column (b) in the 3S Schedule I Summary, Line 3. Do not this total to the Schedule H Summary

FPPC Form 460

Schedule I Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded	Statement covers period	SCHEDUL	
		to whole dollars.	from 1/23/2000	Page 14 of	
			through 2/19/2000		
NAME OF FILER					
lan S. Nak	anishi			9801990	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH	
	·				
Attach additiona	L \$ 0				
Schedule I Su	mmary				
I. Increases to c	ash of \$100 or more this period				
2. Unitemized inc	reases to cash under \$100 this period	•••••	\$ <u>0</u>	_	
3. Total of all inte	_				
	neous increases to cash this period. (Add Lines 1, 2, ar		TOTAL & 0		
Summary Pag	e, Line 14.)	*************************************	IUIAL \$		

FPPC Form 460 (8/99) For Technical Assistance: 916/322-5660